

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Tuesday, May 12, 2015 at the hour of 10:30 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

## **I. Attendance/Call to Order**

Chairman Gugenheim called the meeting to order.

Present: Chairman Ada Mary Gugenheim and Directors Wayne M. Lerner, DPH, LFACHE and Erica E. Marsh, MD, MSCI (3)

Director Hon. Jerry Butler, Patrick T. Driscoll, Jr. (non-Director Member) and Patricia Merryweather (non-Director Member)

Absent: None (0)

Additional attendees and/or presenters were:

Peter Daniels – Chief Operating Officer, Hospital-Based Services  
Krishna Das, MD – System Chief Quality Officer  
Aaron Hamb, MD - Provident Hospital of Cook County  
Randolph Johnston – Associate General Counsel  
Michael Kelly, MD – John H. Stroger, Jr. Hospital of Cook County

John O'Brien, MD – Director of Professional Education  
Jessica Pipersburgh – Assistant General Counsel  
Elizabeth Reidy – General Counsel  
Deborah Santana – Secretary to the Board  
John Jay Shannon, MD – Chief Executive Officer

## **II. Public Speakers**

Chairman Gugenheim asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

## **III. Report from Chief Quality Officer**

### **A. Regulatory and Accreditation Updates**

Dr. Krishna Das, Chief Quality Officer, provided a brief update on regulatory and accreditation matters. She stated that the administration is finalizing its submission of final measures of success for Provident Hospital to The Joint Commission (TJC), in response to the survey that took place in November. It will likely be sent to TJC this week; a final accreditation decision should be received shortly after its submission.

Dr. Das stated that the System did receive Primary Care Medical Home (PCMH) accreditation from TJC as a result of the single-site visit at the Prieto Clinic; progress is underway at all of the other System clinics to roll-out a PCMH standards of care to prepare for the next Ambulatory accreditation.

Dr. Das stated that staff are actively engaged in preparations for the full accreditation survey by TJC at Stroger Hospital; the survey will occur anytime between now and November.

Dr. Das noted that there was a visit to Cermak Health Services by representatives of the Department of Justice; this subject will be discussed in closed session.

### **III. Report from Chief Quality Officer (continued)**

#### **B. Metrics (Attachment #1)**

Dr. Das reviewed the presentation on Metrics. The Committee discussed the information.

With regard to the measures relating to Operating Room (OR) Efficiency, Dr. Das stated that the OR Committee has been working on this issue for approximately three months; she anticipates further improvements as this process continues. Peter Daniels, Chief Operating Officer of Hospital-Based Services, stated that he believes that they will be done by later this summer, perhaps in July or August. Director Lerner requested that the presentation communicating the results of their efforts be targeted for this Committee's August meeting; additionally, he requested that the report include Provident Hospital so that both institutions can be reviewed.

The Committee discussed potential reasons for the difference in immunization rates between Stroger and Provident Hospitals. Dr. Das stated that, in general, the administration has found that a lot of nursing-specific measures are better at Provident; this could be because of the size of the hospital and the availability of nursing care. Chairman Gugenheim wondered if Provident Hospital is better staffed; she noted that it is important to understand the difference. Director Marsh stated that this could be affected by the diversity of the patient population. Her sense is that there is a more homogenous patient population at Provident; there may be some cultural competency issues and challenges at Stroger that may be playing a role. Dr. Das stated that the issue will be further explored.

During the discussion of the Patient Experience measures for Stroger Hospital, information was provided on the staffing of Environmental Services. The senior leaders consist of directors and managers (less than ten individuals), and are provided by a vendor, Sodexo; these senior leaders report to Mr. Daniels. The supervisors and other staff are employees of CCHHS. The contract with Sodexo for the senior leaders covers all sites. There is new leadership in this area, and they are extremely savvy about Press Ganey scores; they are imposing several different interventions for improvement. Director Marsh requested that the Committee get feedback on this subject in the future.

Also with regard to the Patient Experience measures, Director Lerner remarked that the data for communications with the doctors and nurses are very good in both institutions, especially when one looks at safety-net institutions. He stated that it is important to know what the doctors and nurses are doing to try to hit the targets; he requested that, when the Committee has a deep dive on Patient Experience, that the review include all of the measures, not just the measure relating to cleanliness.

#### **C. Report – 2014 Stroke Program (Attachment #2)**

Dr. Michael Kelly, Chairman of the Division of Neurology and Director of the Stroke Program at John H. Stroger, Jr. Hospital of Cook County, presented the 2014 Stroke Program Report. Information presented in the Report included the following subjects: Purpose, Scope and Goals of the Stroke Program; Stroger Stroke Discharges – 2010-2014 by Subtype; 2014 Stroger Stroke Subtype Comparisons; Stroke Performance Measures - % Adherence; 2014 Stroger In-Hospital Stroke Mortality; Utilization of tPA (alteplase) – 2014; Primary Stroke Center Certification by TJC; Stroke Program 2014 Accomplishments and Challenges; and Stroke Program 2015 Plans. The Committee discussed the information.

### **III. Report from Chief Quality Officer**

#### **C. Report – 2014 Stroke Program (continued)**

During the discussion of the information, Director Lerner remarked that this Report is critically important; not only is it dealing with the incidence of stroke within the Stroger population, but this is the kind of information that needs to be collected for CountyCare patients, for this and other kinds of acute/chronic conditions that tend to not only increase utilization and cost, but affect quality of life. This is an acute care presentation, and the questions it raises for future discussions relate to the movement of patients from acute to post-acute care. It would be interesting to follow on with this information to address the following questions: what is the morbidity of the patients that came out of the Stroke Program; what is the relationship to a rehab unit or facility; how many of the patients were discharged to the community versus another institution; and was the patient readmitted? He noted that stroke patients are usually not readmitted for stroke; rather, they are usually readmitted for something else, but the Committee can get into that. In terms of patient education, from his experience, it is his understanding that if the acute care staff and post-acute staff work together to educate the patients, they can get the patients back to a sense of mobility and contributing back to society. Dr. Kelly indicated that this data can be collected and can be brought back to the Committee at some point in the future for discussion.

In response to a question raised regarding post-acute providers, Dr. Kelly stated that that many of the patients find their follow-up care within the primary care clinics of the System, as well as with the Division of Neurology. Director Lerner surmised that some patients are also sent to skilled nursing facilities or other types of facilities; a question to consider in the future is – to what specifications is the System holding those skilled nursing facilities, in order to be part of this network and be focused on quality?

With regard to challenges relating to documentation that were referenced in the Report, Director Marsh inquired whether a partnership can be forged with Information Technology to develop a type of required templating, so that there are no opportunities for failure to document. Dr. Kelly responded affirmatively; he indicated that there are several efforts underway to address this subject.

Director Lerner requested that, as the Committee moves forward, they think about the rest of the equation, which is what happens to the patients after they leave the Stroke Program. What are the outcomes, what is the functional status, is there measurement of their functional improvements, and how well are they contributing back to society? Dr. Kelly stated that staff will put that data together. Director Marsh noted that another issue to address relates to lowering the number of infarction patients who present to the hospital more than 4.5 hours after the stroke occurs; that is the real problem, the fact that only 36 of 455 patients are getting to the hospital in less than 4.5 hours. Additional education needs to be provided at community sites; patients need to be aware of the signs of a stroke - facial droop, loss of arm control, slurred speech, etc. – and understand that the timing to receive treatment is critical. Dr. Kelly noted that there is a network of stroke hospitals in the area that provide education across the community; Stroger Hospital has been part of that network, but more needs to be done.

### **IV. Action Items**

#### **A. Approval of clinical training affiliations (Attachment #3)**

Dr. John O'Brien, Director of Professional Education, provided an overview of the presentation regarding clinical training affiliations, and presented the proposed clinical training affiliations for the Committee's consideration (included on page 2 of the presentation). The Committee reviewed and discussed the information.

Director Lerner, seconded by Chairman Gugenheim, moved to approve the proposed clinical training affiliations presented for the Committee's consideration. THE MOTION CARRIED UNANIMOUSLY.

**IV. Action Items (continued)**

**B. Executive Medical Staff (EMS) Committees of Provident Hospital of Cook County and John H. Stroger, Jr. Hospital of Cook County**

**i. Receive reports from EMS Presidents**

There were no reports provided at this time.

**ii. \*\*Approve Medical Staff Appointments/Re-appointments/Changes (Attachment #4)**

Director Lerner, seconded by Chairman Gugenheim, moved to approve the Medical Staff Appointments/Reappointments/Changes. THE MOTION CARRIED UNANIMOUSLY.

**C. Minutes of the Quality and Patient Safety Committee Meeting, April 14, 2015**

Director Lerner, seconded by Chairman Gugenheim, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of April 14, 2015. THE MOTION CARRIED UNANIMOUSLY.

**D. Any items listed under Sections IV and V**

**V. Closed Meeting Items**

**A. Medical Staff Appointments/Re-appointments/Changes**

**B. Litigation Matter(s)**

**C. Update on Cermak Health Services**

Director Lerner, seconded by Chairman Gugenheim, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” and 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals for a hospital, or other institution providing medical care, that is operated by the public body.” THE MOTION CARRIED UNANIMOUSLY.

Chairman Gugenheim declared that the closed meeting was adjourned. The Committee reconvened into the open meeting.

**VI. Adjourn**

As the agenda was exhausted, Chairman Gugenheim declared the meeting  
ADJOURNED.

Respectfully submitted,  
Quality and Patient Safety Committee of the  
Board of Directors of the  
Cook County Health and Hospitals System

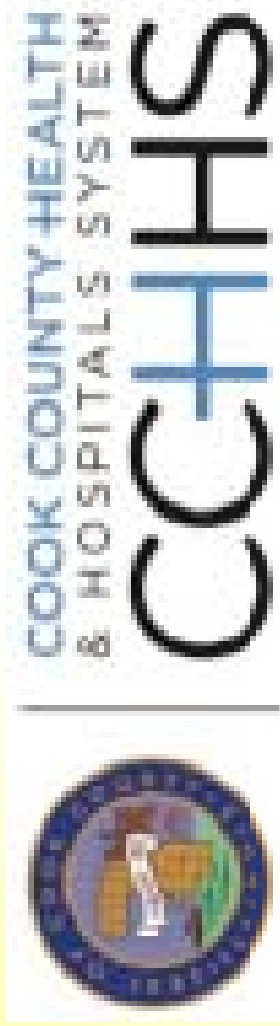
XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Ada Mary Gugenheim, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Deborah Santana, Secretary

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ATTACHMENT #1



# CCHHS Board of Directors Quality and Patient Safety Committee Dashboard Overview

12 May 2015

Krishna Das, MD, Chief Quality Officer

## Dashboard Overview

- Quality measures – process, outcome and efficiency
- Safety measures
- Patient satisfaction
- Hospitals and ambulatory are included



# Quality – Stroger

CCHHS QPS Committee Dashboard														
Data as of 05-05-2015		CY 2014										CY 2015		VARIANCE %
PERFORMANCE MEASURES	Q2 2014			Q3 2014			Q4 2014			Q1 2015			TARGET	
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar		
Core Measures														
Venous Thromboembolism (VTE) (%)	73	85	81	92	84	88	87	83	84	79	92	79	99	-20%
Stroke (%)	93	94	95	95	97	96	97	93	91	96	93	92	100	-8%
Immunizations (%)	64	59	45	47	53	62	74	68	68	66	67	64	90	-26%
Efficiency - Operating Room														
On-Time Start (%)	47	38	48	38	41	32	35	45	35	30	47	62	80	-18%
Room Turn Around Time (minutes)	48	52	49	51	48	54	57	54	50	51	45	45	35	-29%

# Quality – Provident

[illegible]

**FOOTNOTES**

<sup>1</sup> Adult discharges ( $\geq 18$ ) with LOS  $> 5$  days; per 1000 discharges

<sup>2</sup> All med/surg units and ICUs/CCUs; per 1000 patient-days

<sup>3</sup> Eligible units include all units with laboratory confirmed event.

<sup>4</sup> Eligible units include all units with confirmed event.

# Patient Experience – Stroger

CCHHS QPS Committee Dashboard																
PERFORMANCE MEASURES	Data as of 05-05-2015															
	CY 2014												CY 2015			VARIANCE %
	Q2 2014				Q3 2014				Q4 2014				Q1 2015			
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar				
Patient Experience																
Willing to Recommend Hosp (% top box)	62	60	61	69	66	67	66	73	66	73	75	73	71	85	-14%	
Communication with Doctors (% top box)	82	77	78	83	90	82	83	76	83	76	81	85	82	88	-6%	
Communication with Nurses (% top box)	69	60	70	69	72	65	73	63	72	63	70	72	70	86	-16%	
Cleanliness (% top box)	54	44	51	51	55	48	61	39	51	39	48	51	48	77	-29%	

# Patient Experience – Provident

CCHHS QPS Committee Dashboard															
Data as of 05-05-2015		CY 2014										CY 2015		VARIANCE %	
PERFORMANCE MEASURES		Q2 2014			Q3 2014			Q4 2014			Q1 2015		TARGET		
		Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb			Mar
Patient Experience															
Willing to Recommend Hosp (% top box)		65	48	56	65	50	54	86	67	60	70	67	67	85	-18%
Communication with Doctors (% top box)		70	97	85	87	81	93	80	78	80	78	80	81	88	-7%
Communication with Nurses (% top box)		75	84	70	88	85	84	91	52	82	74	79	78	86	-8%
Cleanliness (% top box)		65	62	75	83	67	56	50	44	71	61	65	67	77	-10%

# ACHN

CCHHS QPS Committee Dashboard															
Data as of 05-05-2015		CY 2014										CY 2015		TARGET	VARIANCE %
PERFORMANCE MEASURES		Q2 2014			Q3 2014			Q4 2014			Q1 2015				
		Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar		
ACHN															
Diabetes Control % with Hgb A1C < 9%		73			77			78			74	73	73	78	-5%
Immunizations: Up to date in children at 24 months (%)		87			57			68			60	49	58	86	-28%
Patient Experience: Moving Through Visit		68			68			67			65	68	67	75	-8%
Patient Experience: Telephone Access		60			63			62			70	53	64	75	-11%

# Board Quality Dashboard

CCHHS QPS Committee Dashboard		CCHHS Board Metrics - Quality															
Data as of 05/05/2015		CY 2014												CY 2015		TARGET	VARIANCE
PERFORMANCE MEASURES		Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar				
Stroger																	
Core Measures		Monthly Composite															
Venous Thromboembolism (VTE) (%)		73	86	81	92	85	88	88	83	84	79	92	79	99%	-20%		
Efficiency - Operating Room		Monthly %															
On-Time Start (%)		47	38	48	38	41	32	35	45	35	30	47	62	80%	-18%		
Safety		Total # of Events															
Events: Ulcers, Falls, CLABSI and CAUTI		7	12	10	9	10	7	6	5	2	11	10	1				
Patient Experience																	
Willing to Recommend Hosp (% top box)		62	60	61	69	66	67	66	73	66	75	73	71	85%	-14%		
Provident																	
Core Measures																	
Venous Thromboembolism (VTE) (%)		52	62	84	54	64	84	54	64	84	93	100		99%	1%		
Efficiency - Operating Room		Monthly %															
On-Time Start (%)		47	38	48	38	41	32	35	45	35	19	12	17	80%	-63%		
Patient Experience																	
Willing to Recommend Hosp (% top box)		65	48	56	65	50	54	86	67	60	70	67	67	85%	-18%		
ACHN																	
Diabetes Control % with Hgb A1C < 9%		73				77		78		74	73	73		78%	-5%		
Patient Experience: Moving Through Visit		68				68		67		65	68	67		75%	-8%		
Patient Experience: Telephone Access		60				63		62		70	53	64		75%	-11%		
LEGEND																	
CLABSI: Central line-associated blood stream infections																	
CAUTI: Catheter-associated urinary tract infections																	

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ATTACHMENT #2



**CCHHS Stroke Program  
Report to the Quality and Patient Safety  
Committee  
May 2015**

Michael Kelly, MD  
Chairman, Division of Neurology, Department of  
Medicine  
Director, Stroke Program



# Stroger Hospital Stroke Program

Purpose: To support the Hospital in its provision of high-quality care to patients with stroke through an organized system of care informed by clinical guidelines

Scope: ED and Hospital care of the patient with stroke

Goals:

- Meet Joint Commission and CMS performance measures
- Maintain Joint Commission certification as a Primary Stroke Center
- Provide organization and education to support the hospital's delivery of high-quality stroke care

Program:

- Stroke registry
- Performance measure tracking
- Address opportunities for improvement
- Educational program
- Monthly committee meetings
- Quarterly report to HQuIPS
- Annual report to QPS

## Stroger Stroke Discharges 2010-2014 by Subtype

Stroke Subtype	2010	2011	2012	2013	2014	Mean
Infarction	330	365	311	332	341	335.8
Transient Ischemic Attack	92	74	68	73	88	79.0
Intracerebral Hemorrhage	41	47	36	27	15	33.2
Subarachnoid Hemorrhage	7	11	7	9	11	9.0
Total	470	497	422	441	455	457.0

## 2014 Stroger Stroke Subtype Comparisons

Stroke Subtype	Stroger	Chicago	Illinois	U.S.
Infarction	77%	64%	69%	70%
Transient Ischemic Attack	17%	13%	15%	15%
Intracerebral Hemorrhage	5%	15%	12%	11%
Subarachnoid Hemorrhage	3%	7%	5%	4%

“Get With the Guidelines” data from Stroger, Chicago, Illinois, and U.S Stroke Center Hospitals

# Stroke Performance Measures % Adherence

TJC/NIQM	Measure	Q1	Q2	Q3	Q4	Mean
STK-1	VTE prophylaxis	92.0	93.8	91.5	91.7	92.3
STK-2	ASA at d/c	100.0	100.0	100.0	100.0	100.0
STK-3	AF anticoag	100.0	100.0	100.0	100.0	100.0
STK-4	thrombolysis	100.0	100.0	100.0	100.0	100.0
STK-5	ASA day 2	100.0	100.0	100.0	100.0	100.0
STK-6	statin at d/c	97.6	97.4	98.2	98.2	97.9
STK-8	Education	85.7	81.9	79.0	84.7	82.8
STK-8	Assess for rehab	88.7	92.8	95.2	83.0	89.9
Composite						95.4

## 2014 Stroger In-Hospital Stroke Mortality

Stroke Subtype	Stroger (n = 445)	Chicago (n = 3,785)	Illinois (n = 15,411)	U.S. (n = 435,825)
Infarction	2.0%	2.7%	2.5%	3.0%
Transient Ischemic Attack	0.0%	0.0%	0.0%	0.0%
Intracerebral Hemorrhage	0.2%	2.7%	2.2%	2.5%
Subarachnoid Hemorrhage	0.2%	0.7%	0.6%	0.6%

“Get With the Guidelines” data from Stroger, Chicago, Illinois, and U.S Stroke Center Hospitals

## Utilization of tPA (alteplase) 2014

Time to Presentation	Infarction Patients (n = 455)	Treated with tPA	ED	Hospital
<=4.5 hours	36	9 (25%)	6	3
>4.5 hours	419	0		

## **The Joint Commission**

- **Primary Stroke Center Certification**
  - 9 Certified Chicago Hospitals, 54 in Illinois
  - Comprehensive Stroke Center Certification (2 Chi, 9 IL)
- **On-site Review of July 9, 2014**
- **Requirement for Improvement**
  - No documentation of the weight used to calculate the dose of alteplase (tPA) in 3 patients
- **Opportunity for Improvement**
  - Limited social services involvement in development of a patient's self-management plan



## **Stroke Program**

### **2014 Accomplishments, Challenges**

- Accomplishments
  - Continued ability to meet goals in use of antiplatelet and cholesterol-lowering agents and in deep vein thrombosis prevention
  - Processes in place to deliver IV thrombolysis for acute ischemic stroke in a rapid and safe manner involving multiple hospital departments
  - Nurse competency in stroke care
- Challenges
  - Documentation of all elements of patient stroke education
  - Documentation of proper utilization of physical therapy and rehabilitation services

## **Stroke Program 2015 Plans**

- Continued refinement and increased utilization of standardized electronic order sets
- Enhance nursing education in stroke care with improved documentation of patient stroke education, use of standardized exams, and documentation deep vein thrombosis prevention
- Enhance physician awareness of advances in stroke
  - New role of endovascular thrombectomy
  - Weekly stroke conference
- Standardized and rapid TIA/minor stroke workup in ED OBS and Hospital short stay unit
- Increased participation in clinical stroke trials

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ATTACHMENT #3

# CCHHS Affiliations and the CLER Visit – Follow Up

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MAY 12, 2015



# Summary of Agreements for 2015

Program	FTE residents	Contract Length-Yrs	Max. Ann. Reimbursed/Revenue
Rush Emergency Medicine	8	3	\$546,846.00
McGaw -Neurosurgery	2.5	2	\$398,660.00
Midwestern (Prov Emerg. Med)	6.36	1	\$615,076.00
St Francis-Ortho	2	1	\$144,661.00
St Francis-Trauma	1.6	1	\$0.00
Loyola Fam Medicine	33	1	\$2,877,025.00
Lutheran Gen. Hospital - Master	N/A	5	N/A
LGH Colon/Rectal Fellow	1	3	\$0.00
Christ - Master	N/A		N/A
Christ Anesthesia	1	3	\$0.00
Christ Urology	2	3	\$320,000.00
Christ Neonatology	0.3	3	\$0.00
UIC Pathology	5	1	\$460,489.00
UIC Adolescent Medicine	1	2	\$0.00
UIC Pharmacy Resident	0.14	2	\$0.00
Univ. of Chicago-Master	N/A	10	N/A
St Anthony-Pediatrics	2	3	\$121,500.00
Northshore - Emergency Med.	4	2	\$243,000.00
Mount Sinai - Master	N/A	5	N/A
Lurie - Master	N/A	5	N/A
Shawnee Black Lung Clinic	<0.1	3	\$0.00

**APPROVED**

MAY 29 2015

BY BOARD OF  
DIRECTORS OF THE COOK COUNTY  
HEALTH AND HOSPITALS SYSTEM

# CLER – Clinical Learning Environment Review (ACGME)

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- Visit 4.28-29
  - Four Visitors
    - ✦ Senior Leadership – 2 Hours
    - ✦ Quality and Safety – 1.5 Hours
    - ✦ Residents – 1.5 Hours
    - ✦ Faculty – 1.5 Hours
    - ✦ Chair of Med Ed – 1.5 Hours
    - ✦ Inspecting the Hospital Units – 4.5 Hours
- Official Report to Follow In Six Weeks



# Verbal Report

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- Safety
  - Of the 85% of Residents that had experienced an adverse event in the last six months, only 65% had made a report
  - Recognized our mandatory reporting of two near misses annually
  - Recognized the monthly good catch award
  - Still only 1/5 of residents receive feedback when they report a patient safety event
  - Recognized our resident participation in the weekly safety briefing

# Verbal Report

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- **Quality**

- 30% of Residents participated in QI aligned with hosp goals, but another 26% did not know if their QI was aligned
- 79% had easy access to organizational data
- 0% have easy access to data on their own patients
- Nearly 100% of residents are participating in QI



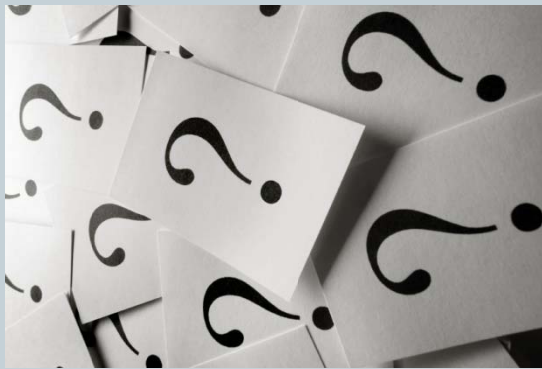
# Verbal Report

6

- Handoffs -More uniform approach is needed across the institution
  - Recognized imminent roll-out of handoff tool in EMR
- 82% of Residents and Faculty felt that the primary team communicates directly/verbally with the consultants most of the time
- Communication of Hospital initiatives not penetrating to resident level (Patient Experience focus)

# Questions?

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ATTACHMENT #4

# COOK COUNTY HEALTH & HOSPITALS SYSTEM

**Toni Preckwinkle**  
President  
Cook County Board of Commissioners  
**John Jay Shannon, MD**  
Chief Executive Officer  
Cook County Health & Hospitals System



COOK COUNTY HEALTH  
& HOSPITALS SYSTEM  
**CCHHS**

**Cook County Health & Hospitals System  
Board Members**  
**M. Hill Hammock** • Chairman  
**Commissioner Jerry Butler** • Vice Chairman  
Lewis Collens  
Ric Estrada  
Ada Mary Gugenheim  
Emilie N. Junge  
Wayne M. Lerner, DPH, FACHE  
Erica E. Marsh, MD MSCI  
Carmen Velasquez  
Dorene P. Wiese, EdD

**Ozuru O. Ukoha, MD**  
President,  
Executive Medical Staff  
**John H. Stroger, Jr.**  
Hospital of Cook County

Date: May 08, 2015

Dear members of the Quality and Patient Safety Committee of the CCHHS Board:

Please be advised that the Executive Medical Staff Committee of John H. Stroger, Jr. Hospital of Cook County approved the attached list of medical staff action items electronically for your consideration on May 12, 2015. This action was necessary because our meeting is scheduled to take place later in the same day.

Respectfully,

A handwritten signature in black ink, appearing to read "Ukoha", with a long horizontal line extending to the right.

Ozuru O. Ukoha, MD  
President, EMS

# John H. Stroger, Jr. Hospital of Cook County



## Medical Staff and Non-Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

### INITIAL APPOINTMENT APPLICATIONS

Cone, Brian, MD Appointment Effective:	Emergency Medicine July 1, 2015 thru June 30, 2017	Consulting Physician
Felsenthal, Susan, MD Appointment Effective:	Family Medicine May 12, 2015 thru May 11, 2017	Active Physician
Georgopoulos, Christina, MD Appointment Effective:	Emergency Medicine July 1, 2015 thru June 30, 2017	Voluntary Physician
Kopulos, Luke, MD Appointment Effective:	Radiology May 12, 2015 thru May 11, 2017	Active Physician
Lee, Soo, MD Appointment Effective:	Correctional Health Services/Psychiatry/JTDC May 12, 2015 thru May 11, 2017	Voluntary Physician
Nikolaides, Jenna, MD Appointment Effective:	Emergency Medicine July 1, 2015 thru June 30, 2017	Voluntary Physician
Ruskis, Jennifer, MD Appointment Effective:	Emergency Medicine July 1, 2015 thru June 30, 2017	Active Physician
Vittum, Daniel, MD Appointment Effective:	Family Medicine May 12, 2015 thru May 11, 2017	Active Physician
Welker, Katherine, MD Appointment Effective:	Emergency Medicine July 1, 2015 thru June 30, 2017	Voluntary Physician

### INITIAL APPOINTMENT NON-PHYSICIAN APPLICATION

Kurn, Maria Del Carmen P., CNP With Quesada-Rodriguez, Nancy, MD Effective:	Medicine/Pulmonary & Critical Care May 12, 2015 thru May 11, 2017	Nurse Practitioner
Ruiz, Natalie, PsyD Appointment Effective:	Psychiatry/Psychology May 12, 2015 thru May 11, 2017	Clinical Psychologist

### REAPPOINTMENT APPLICATIONS

#### Department of Anesthesiology:

Davis, Felicia, MD Reappointment Effective:	Anesthesiology June 30, 2015 thru June 29, 2017	Voluntary Physician
Gloss, Feodor, DO Reappointment Effective:	Post Anesthesia Care June 30, 2015 thru June 29, 2017	Active Physician
Voronov, Gennadiy, MD Reappointment Effective:	Peds Anesthesia June 30, 2015 thru June 29, 2017	Active Physician

**CCHHS  
APPROVED**

**BY THE QUALITY AND PATIENT SAFETY COMMITTEE  
ON MAY 12, 2015**

**John H. Stroger, Jr. Hospital of Cook County**  
**Reappointment Applications (continued)**

**Department of Correctional Health Services:**

Ali, Nagib, MD Reappointment Effective:	Internal Medicine June 30, 2015 thru June 29, 2017	Active Physician
Baker, Terrance, MD Reappointment Effective:	Family Medicine June 30, 2015 thru June 29, 2017	Active Physician
Khan, Marghoob Ahman, MD Reappointment Effective:	Family Medicine May 26, 2015 thru May 25, 2017	Active Physician
Mennella Connetta, MD Reappointment Effective:	Internal Medicine June 17, 2015 thru June 16, 2017	Active Physician
Richardson, Lendell, MD Reappointment Effective:	Internal Medicine June 30, 2015 thru June 29, 2017	Voluntary Physician
Richardson, Stamatia, MD Reappointment Effective:	Family Medicine June 30, 2015 thru June 29, 2017	Active Physician
Ward, Andrea, MD Reappointment Effective:	Psychiatry May 26, 2015 thru May 25, 2017	Active Physician

**Department of Emergency Medicine:**

Kimball, Deborah, MD Reappointment Effective:	Adult Emergency Medicine June 12, 2015 thru June 11, 2017	Active Physician
Lank, Patrick, MD Reappointment Effective:	Adult Emergency Medicine June 21, 2015 thru June 20, 2017	Voluntary Physician
Lim, Christopher, MD Reappointment Effective:	Toxicology June 12, 2015 thru June 11, 2017	Voluntary Physician
Nordquist, Erik, MD Reappointment Effective:	Adult Emergency Medicine June 21, 2015 thru June 20, 2017	Active Physician

**Department of Family and Community Medicine:**

Kamdar, Shivani, DO Reappointment Effective:	Family Medicine June 20, 2015 thru June 19, 2017	Active Physician
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**Department of Medicine:**

Adeyemi, Oluwatayin, MD Reappointment Effective:	Infectious Diseases June 16, 2015 thru June 17, 2017	Active Physician
Barker, David, MD Reappointment Effective:	Infectious Diseases June 19, 2015 thru June 18, 2017	Active Physician
Ghode, Reena, MD Reappointment Effective:	Neurology June 12, 2015 thru June 11, 2017	Active Physician
Gupta, Shweta, MD Reappointment Effective:	Hematology/Oncology June 12, 2015 thru June 11, 2017	Active Physician
Macias-Huerta, Carment Reappointment Effective:	Pulmonary/Critical Care June 20, 2015 thru June 19, 2017	Active Physician

**CCHHS**  
**APPROVED**



**John H. Stroger, Jr. Hospital of Cook County**  
**Reappointment Applications**

**Department of Medicine (continued)**

Mishra, Satya, MD Reappointment Effective:	Gastroenterology June 12, 2015 thru June 11, 2017	Active Physician
Rezai, Katayoun, MD Reappointment Effective:	Infectious Diseases June 29, 2015 thru June 28, 2017	Active Physician
Shannon, John Jay, MD Reappointment Effective:	Pulmonary Medicine May 22, 2015 thru May 21, 2017	Active Physician
Thomas, Tin, MD Reappointment Effective:	Infectious Diseases June 30, 2015 thru June 29, 2017	Active Physician

**Department of Obstetrics and Gynecology:**

Nguyen, Tuan, MD Reappointment Effective:	Maternal Fetal Medicine June 30, 2015 thru June 29, 2017	Active Physician
Schmidt, Julie, MD Reappointment Effective:	Ob/Gyne June 30, 2015 thru June 29, 2017	Active Physician

**Department of Oral Health:**

Taylor, Brenda Jean, DMD Reappointment Effective:	Core Center May 26, 2015 thru May 25, 2017	Active Dentist
Coelho, DMD Reappointment Effective:	Core Center May 17, 2015 thru May 16, 2017	Active Dentist

**Department of Pathology:**

Crane, Jason, DO Reappointment Effective:	Blood Bank May 22, 2015 thru May 21, 2017	Consulting Physician
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**Department of Pediatrics:**

Cortez, Edmundo, MD Reappointment Effective:	Critical Care June 12, 2015 thru June 11, 2017	Active Physician
Jacobs, Norman, MD Reappointment Effective:	Infectious Diseases June 30, 2015 thru June 29, 2017	Active Physician
Senko, John, DO Reappointment Effective:	Peds Emergency June 30, 2015 thru June 29, 2017	Active Physician
Soyemi, Kenneth, MD Reappointment Effective:	Peds Emergency June 21, 2015 thru June 20, 2017	Active Physician
Yu, Byung-Ho, MD Reappointment Effective:	Allergy and Immunology June 30, 2015 thru June 29, 2017	Voluntary Physician

**Department of Radiology:**

Basu, Anupam, MD Reappointment Effective:	Radiation Oncology June 17, 2015 thru June 16, 2017	Active Physician
Egiebor, Osbert, MD Reappointment Effective:	Sectional Imaging June 16, 2015 thru June 15, 2017	Active Physician

**John H. Stroger, Jr. Hospital of Cook County**  
**Reappointment Applications**

**Department of Radiology (continued)**

Pisaneschi, Mark, MD Reappointment Effective:	Out-Patient Radiology May 18, 2015 thru May 17, 2017	Active Physician
Seshagirao, Donthamsetti, MD Reappointment Effective:	Radiation Oncology June 30, 2015 thru June 29, 2017	Voluntary Physician
Thakrar, Harishchandra, MD Reappointment Effective:	Radiation Oncology June 17, 2015 thru June 16, 2017	Consulting Physician

**Department of Surgery:**

Kogan, Monica, MD Reappointment Effective:	Orthopaedic May 12, 2015 thru May 11, 2017	Active Physician
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**Renewal of Privileges for Non-Medical Staff:**

Bozylinsky, Katherine A., PA-C With Rezai, Katayoun, MD Alternate Lubelchek, Ronald J., MD With Schmidt, Julie B., MD Alternate Cejtin, Helen, MD Effective:	Medicine / Infectious Disease  OB/GYN  May 22, 2015 thru May 21, 2017	Physician Assistant
DiGiacomo, Marie, CNP With Arensman, Robert, MD With Patel, Mita, MD Effective:	Surgery / Pediatric Surgery  Pediatric May 12, 2015 thru May 11, 2017	Nurse Practitioner
Duda, Joan M., CNS With Bokhari, Faran, MD Effective:	Trauma / Clinical Services  May 22, 2015 thru May 21, 2017	Clinical Nurse Specialist
Shah, Palak K., PA-C With Richter III, Harry Mortimer, MD Alternate Bonomo, Steven R., MD Effective:	Surgery / General Surgery  May 12, 2015 thru May 11, 2017	Physician Assistant



# COOK COUNTY HEALTH & HOSPITALS SYSTEM

**Toni Preckwinkle**

President

Cook County Board of Commissioners

**John Jay Shannon, MD**

Chief Executive Officer

Cook County Health & Hospitals System



COOK COUNTY HEALTH  
& HOSPITALS SYSTEM  
**CGHHS**

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President,

Medical Executive Committee

Provident Hospital

Of Cook County

May 8, 2015

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Credentials Meeting held on May 5, 2015 the Medical Executive Committee of Provident Hospital of Cook County recommended the actions on the enclosed list. It is being presented to you for your consideration.

Respectfully,

Anwer Hussain, DO

President, MEC

# Provident Hospital of Cook County



Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

## INITIAL APPOINTMENT APPLICATIONS

Whitney, Lynn, MD	Family Medicine	Affiliate Physician
Appointment Effective:	May 12, 2015 thru August 9, 2016	

## REAPPOINTMENT APPLICATIONS

### Department of Emergency Medicine:

Hussain, Anwer M., DO	Radiology	Active Physician
Reappointment Effective:	June 21, 2015 thru June 20, 2017	

### Department of Clinical Labs/Pathology:

Crane, Jason, DO	Radiology	Affiliate Physician
Reappointment Effective:	June 12, 2015 thru June 11, 2017	

### Department of Internal Medicine:

Ghode, Reena, MD	Neurology	Affiliate Physician
Reappointment Effective:	June 12, 2015 thru June 11, 2017	

Mishra, Satya, MD	Gastroenterology	Affiliate Physician
Reappointment Effective:	June 12, 2015 thru June 11, 2017	

Shah, Niranjana, MD	Internal Medicine	Active Physician
Reappointment Effective:	May 12, 2015 thru May 11, 2017	